

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

(Primary Examiner)

(Date)

**Total Claims Allowed:** 59

O.G.  
Print Claim(s)  
|

O.G.  
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original			
	1			31			91			121			181
	2			32			92			122			182
	3			33			93			123			183
	4			34			94			124			184
	5			35			95			125			185
	6			36			96			126			186
	7			37			97			127			187
	8			38			98			128			188
	9			39			99			129			189
	10			40			100			130			190
	11			41			101			131			191
	12			42			102			132			192
	13			43			103			133			193
	14			44			104			134			194
	15			45			105			135			195
	16			46			106			136			196
	17			47			107			137			197
	18			48			108			138			198
	19			49			109			139			199
	20			50			110			140			200
	21			51			111			141			201
	22			52			112			142			202
	23			53			113			143			203
	24			54			114			144			204
	25			55			115			145			205
	26			56			116			146			206
	27			57			117			147			207
	28			58			118			148			208
	29			59			119			149			209
	30			60			120			150			210